

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Last Employee Name		First	Middle	Date of Death - -		Plan Type (Check One)
Social Security Number - -			Retirement Number			<input type="checkbox"/> State <input type="checkbox"/> County
Address		City	State	Zip		
Employer			Date of Last Paycheck			

Notification of Death**BENEFICIARY INFORMATION**

Beneficiary Name _____

Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Certified copy of Death Certificate must accompany this form.

BAR CODE